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Mandatory vaccination of National Health Service staff against COVID-19: more harm than good?

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Summary

Despite the clear benefits of vaccination against COVID-19, there was significant unease relating to the government policy of mandatory vaccination of health and care staff in England and the potential inequities this may lead to. Healthcare staff, and in particular doctors, speaking out on this issue may have inadvertently provided a narrative, which undermined the objective of achieving widespread vaccination of populations against this serious disease. The recent reversal of this policy may not mark the end of this debate amongst health and social care staff.

Keywords: COVID-19; healthcare workforce; immunity; vaccination; vaccine hesitancy

The past two years have been incredibly difficult for healthcare staff, who have found themselves at the epicentre of a global pandemic with the eyes of society upon them. Many became ill with COVID-19; some did not survive. Each of us understood that we might be next. Two years on, and the pandemic is a weary routine. Armed with a better understanding of virus transmission and adequate supplies of personal protective equipment, NHS staff caring for patients with COVID-19 in the UK are now much safer. But, we all remember the early days when we pushed doubts about safety to the backs of our minds. It seemed natural that we would seize the opportunity to be vaccinated against a virus that has done so much harm to our patients. Most of us did exactly that but not all. Amongst UK healthcare workers, there are still some who worry about vaccination. In previous years, they quietly avoided invitations to get the 'flu jab' in the hospital canteen. These are not militant 'anti-vaxxers' who propagate lies about vaccines in pursuit of an uncertain mission. These few NHS staff are vaccine hesitant.

The UK government's decision to mandate vaccination for all patient-facing health and social care workers in England was a difficult one. On one hand, why would we not do everything possible to protect ourselves and our patients? On the other hand, we were subject to a legal mandate that took a personal health decision out of our hands. Faced with dismissal, it seemed inevitable that sooner or later, vaccine-hesitant staff would speak out. It was a genuine shock for many to find that first voice coming from an intensive care doctor. The television footage of Dr Steve James discussing his concerns about mandatory vaccination with the government Health Secretary, Sajid Javid, took place during a visit to a London hospital ICU where James has worked during the pandemic.¹ In this conversation, which has now been shared millions of times on social media, he explained how he had

not been vaccinated against COVID despite the legal requirement placed upon him as an NHS doctor. He was not himself 'anti-vax' before the pandemic, and he and his family have received a variety of routine vaccinations. But, inevitably, he has been championed by prominent 'anti-vax' campaigners and now appears to be a supporter of this movement.²

James questions the science underpinning COVID-19 vaccination in previously infected individuals, but much of his understanding is flawed. Whilst there is emerging evidence around the value of post-infection immunity,³ we do not yet have a complete understanding of this, nor do we fully understand the potential benefits of vaccinating previously infected individuals, or the optimal approach to reducing transmission at the population level. The immunity of individuals and their risk of transmitting the virus to others are an interplay of local mucosal and systemic immune response. As yet, there is no single test that encapsulates the complexity of these responses.⁴ These issues are the topics of debate and ongoing research. However, the policy of mass vaccination is about much wider issues. Vaccinating everyone avoids the health lottery of an individual encountering the virus for the first time with no immunity. Furthermore, vaccination significantly reduces the severity of illness in an infected individual, and thus the likelihood of admission to hospital and intensive care.⁵ This leads to both societal and individual benefit by reducing the burden on the NHS, which protects the delivery of routine healthcare for all of society. The nuances around individual differences in immune response do not alter the fundamental fact that widespread vaccination protects everyone. There can be no doubt that vaccination is the cornerstone of recovery from this and future pandemics.

It has been disappointing to see the negative impact Dr James's comments have had on the public discourse around vaccination. In the days after the footage of his interview was

released, social media was awash with healthcare staff trying to redress this balance by openly supporting and promoting vaccination. The question is How and why did the issue of vaccination of health and care staff become so polarised, and was this avoidable? Whilst UK medical Royal colleges were relatively muted in their response to mandatory vaccination of their members, they were not silent. In a recent joint statement, the Royal College of Anaesthetists and the Faculty of Intensive Care Medicine firmly encouraged all NHS staff to be vaccinated against COVID-19.⁶ But, the statement also highlighted the need to listen to the concerns of NHS staff who have chosen not to be vaccinated, and support them to make good health decisions. A statement by the Academy of Medical Royal Colleges also expresses clear support for vaccination of all health and care staff,⁷ highlighting guidance from our regulator the General Medical Council that doctors should be immunised against common serious communicable diseases.⁸ The Academy goes further, explicitly stating that mandatory vaccination is 'not sensible or necessary'. The basis for the Academy position is not an ethical one, but a practical concern that a mandatory vaccination policy may lead to protests that distract from the primary objective of getting as many staff vaccinated as possible. Whilst mandating vaccination may improve compliance amongst some, it is likely that the threat of sanctions in the absence of dialogue will have pushed others to adopt a more extreme position. The outspoken conversation on ICU with the Health Secretary might never have taken place if a less severe sanction than dismissal had been chosen.

Whilst the recent change in government policy is welcome, this came late in the day after NHS hospitals had gone to considerable lengths to implement it. The discussion around vaccination of NHS staff therefore remains polarised and divisive. There is significant inequity between the treatment of NHS staff and social care staff who left the sector after mandatory vaccination was introduced last year. There is also inequity between vaccine-hesitant NHS staff who accepted vaccination only through fear of sanction, or who left their jobs before being dismissed, and those who remain unvaccinated but no longer at risk of sanction. In addition, the message to the public may inadvertently be that vaccination is no longer so important. On balance, the introduction of a mandatory vaccination policy, followed by an 11th hour reversal of this policy, may not have achieved what was hoped for in terms of additional vaccine uptake, but it may well have caused irrevocable damage to public understanding. We must continue to support and encourage the vaccine hesitant to protect themselves, their loved ones, and, in the case of health and social care staff, their patients.

Declarations of interest

SS holds research grants with Sobi and CSL Behring. He has performed consultancy work for Novartis, Sobi, and Takeda. RMP holds research grants and has given lectures or performed consultancy work for GlaxoSmithKline, Intersurgical, and Edwards Lifesciences, and is an editor at the *British Journal of Anaesthesia*. LCS declares no conflicts of interest. The views represented in this article are of the individual authors and not their affiliated organisations. All the authors have been fully vaccinated and have experienced infection with SARS-CoV-2.

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